



**PASADENA
FEDERAL CREDIT UNION**
P.O. Box 7132
Pasadena, CA 91109-7132
626.799.0882 • FAX 626.799.5114
www.pfcu.org

MEMBERSHIP APPLICATION & AGREEMENT

Membership Number

Account Type(s):	<input type="checkbox"/> Primary Share Savings	<input type="checkbox"/> Convenience Checking	<input type="checkbox"/> Super Variable	<input type="checkbox"/> Share Certificate
	<input type="checkbox"/> Regular Savings	<input type="checkbox"/> Advantage Checking	<input type="checkbox"/> Money Market Advantage	<input type="checkbox"/> IRA Share Certificate
	<input type="checkbox"/> Club Account	<input type="checkbox"/> Other _____		
Account Ownership:	<input type="checkbox"/> Single	<input type="checkbox"/> Joint With Right of Survivorship	<input type="checkbox"/> Payable-on-Death (POD)	

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account.

What this means for You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

Primary Owner Information

Are You a Non-Resident Alien? Yes No

Name (First, Last, MI & Suffix)				Birth Date	
Physical Address			City		State Zip
Mailing Address (if different than above)			City		State Zip
Home Phone	Mobile Phone	Work Number	E-Mail Address		Eligibility
Social Security Number	Driver's License Number	Employer	Account Password (Optional)		Occupation

Joint Owner Information

Name (First, Last, MI & Suffix)				Birth Date	
Physical Address			City		State Zip
Mailing Address (if different than above)			City		State Zip
Home Phone	Mobile Phone	Work Number	E-Mail Address		
Social Security Number	Driver's License Number	Employer	Account Password (Optional)		Occupation

Debit Card/ATM Card/Telephone Teller/Online Banking/Mobile Banking/Bill Pay

You are requesting the convenience of 24-hour access to Your Credit Union Account in conjunction with a Personal Identification Number (PIN) or Access Code. Your Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your linked account. You would like:

- Debit Card ATM Card Telephone Teller Online Banking Mobile Banking Bill Pay

Name on Card 1: _____

Name on Card 2: _____

Overdraft Protection (if opening a checking/share draft Account)

You request that any of Your overdrafts be covered by transferring funds from Your Loan/Account I.D. identified below in the order specified.

Priority	Source	Loan/Account ID
1		
2		
3		

Payable-On-Death Account Beneficiary Designation

In the event of Your death, You hereby designate the following beneficiary(ies).

Name _____	Address _____	SSN _____	% _____	DOB _____
Name _____	Address _____	SSN _____	% _____	DOB _____
Name _____	Address _____	SSN _____	% _____	DOB _____
Name _____	Address _____	SSN _____	% _____	DOB _____
Name _____	Address _____	SSN _____	% _____	DOB _____

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number; (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code _____

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

We will be unable to open an Account for You without a taxpayer identification number.

Signatures

You hereby apply for membership with Pasadena Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Pasadena Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements And Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary Savings Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Pasadena Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

Applicant (Primary Owner) Signature _____ Date _____

Joint Owner Signature _____ Date _____

Credit Union Use Only

Reviewed By: _____ Membership Officer: _____